

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

## CERTIFICATE OF DEATH

Dr. Webb.

06264

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 23 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Talbot  
 City or town Easton Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Samuel Henry Benston

## 3. (b) Social Security Number

212-12-3791

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Emily T. Benston  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) April 11-1886  
 8. AGE: Years 60 Months 2 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Pocomoke City  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farming

12. Name John Benston

13. Birthplace Pocomoke City, Md

14. Maiden name Nancy Quinn

15. Birthplace Pocomoke City, Md

16. Informant Emily T. Benston

Address Easton Rural Md.

17. Burial Date thereof June 22, 46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Church Cemetery

Location Easton Rural Md. Division corner

18. Funeral director John D. Williams

Address Easton Md.

19. 6/25 46 N. D. Weir  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946, at 12 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1946 to June 20 1946

and that I last saw him alive on June 20 1946

Immediate cause of death Carcinoma of the Colon

## DURATION

? 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward T. Webb, M.D. M.D. or other

Address Easton Md. Date signed 6/21/46

ARTESIAL EDGER

RECEIVED  
JUL 1 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on age of deceased is shown on

is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of  
age of deceased is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (372)

06265

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

FILM No. 104 JUN 18 1940

1. PLACE OF DEATH: Talbot  
County: Talbot  
City or town: Easton, Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 63 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State: Md County: Talbot  
City or town: Tunis Mills  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.:  
(If rural, give LOCATION)  
2. (a) If veteran, name war:

3. (a) FULL NAME  
Anna Bramman

3. (b) Social Security Number

4. Sex: Female  
5. Color or race: White  
6. (a) Single, married, widowed, or divorced: Single  
6. (b) Name of husband or wife:  
6. (c) If alive, give age: years  
7. Birth date of deceased (mo., day, yr.): Feb. 10 - 1853  
8. AGE: Years: 93 Months: 9/2 Days: 3 If less than one day: 28 hrs. min.

9. Birthplace: Germany  
(Town, county, and state)  
10. Usual occupation: Retired  
11. Industry or business:

MOTHER FATHER  
12. Name: Andrew Brannon  
13. Birthplace: Germany  
14. Maiden name: Frances Brannon  
(unknown)  
15. Birthplace: Germany

16. Informant: Miss Elizabeth Voit  
Address: Easton, Md.  
17. Burial: Burial Date thereof: June 8 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory: Spring Hill Cemetery  
Location: Easton, Md.

18. Funeral director: John D. Williams  
Address: Easton, Md.

19. 6/7 46 N. B. Neire  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1946 at 6:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11 1946 to June 7 1946

and that I last saw him alive on June 6, 1946.

Immediate cause of death: Chronic mitral valvular disease with arteriosclerosis. Do not know  
DURATION: Do not know

Due to: Do not know

Other conditions: Chronic mitral valvular disease. Do not know  
(Include pregnancy within 3 months of death)

Major findings of operations: Do not know

Autopsy results: Do not know  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide: Do not know Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. Henry Willson M.D.  
Address: St. Michaels, Md. Date signed: June 8, 46  
M. D. or other

2353

RECEIVED BY THE BUREAU OF THE ARMY

DEPT. OF THE ARMY

ARTISTIAN LEON

RECEIVED

JUN 13 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

## CERTIFICATE OF DEATH

06266

Reg. Dist. No. 290

1. PLACE OF DEATH: Tobacco  
County Easton  
City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Memorial Hospital  
Hospital, institution, or street address where death occurred: Easton, Md. - Memorial Hospital  
How long in hospital or institution? 2

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Md. County Tobacco  
City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 327 Danvers St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Alfred Eugene Colemay

3. (b) Social Security Number 218-24-6141

4. Sex Male 5. Color of race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Edith L. Coleman

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) June 29, 1894

8. AGE: Years 71 Months 11 Days 3 If less than one day  
.....hrs. ....min.

9. Birthplace Queen Anne Co., Md.  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name William Coleman

13. Birthplace Queen Anne Co., Md.

14. Maiden name Mabel M. Benton

15. Birthplace Queen Anne Co., Md.

16. Informant Mrs. Edith L. Coleman

Address Easton, Md.

17. Burial Date thereof June 3, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Landmark Park

Location Easton, Md.

18. Funeral director Maurice E. Newman & Son

Address Easton, Md.

19. 6/1 19 46 H. H. Neer  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 46 at 5<sup>30</sup> a. m.

21. CERTIFY that death occurred on the date above stated: that attended deceased from May 30 19 46 to June 1 19 46

and that I last saw him alive on May 31 19 46

Immediate cause of death Diabetes

coma

Due to neglected diabetes

Due to Nephritis

Other conditions Chronic

hypertrophied prostate

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Schneider

Address Easton, Md. Date signed June 1, 46

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JUN 6 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1575

## CERTIFICATE OF DEATH

 ★6267 290  
 Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Salbat  
 City or town..... Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 2 days 16 hrs. 5 mins.  
 Hospital, institution, or street address where death occurred:  
The Memorial Hospital, Easton, Md.  
 How long in hospital or institution?..... 2 days 16 hrs. 5 mins.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Salbat  
 City or town..... Cordova  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Henry Degen  
Baby Boy Degen

## 3. (b) Social Security Number

4. Sex..... m 5. Color of race..... w 6. (a) Single, married, widowed, or divorced.....

## 6. (b) Name of husband or wife.....

7. Birth date of  
 deceased (mo., day, yr.)

5/31/46

6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

2

hrs.

min.

## 9. Birthplace

Easton, Salbat, Md.  
 (Town, county, and state)

## 10. Usual occupation.....

## 11. Industry or business.....

FATHER  
 MOTHER

## 12. Name.....

Henry Degen

## 13. Birthplace.....

Germany

## 14. Maiden name.....

Alice Degen

## 15. Birthplace.....

Cambridge, Md.

## 16. Informant.....

Mrs. Alice G. Degen

## Address.....

Cordova, Md.

## 17.

(Burial, cremation, or removal (Which?))

Date thereof.....

6/3/46  
 (month) (day) (year)

## Cemetery or crematory.....

Spring Hill

## Location.....

Easton

## 18. Funeral director.....

Reel's Park Chgo.

## Address.....

Easton, Md.

## 19.

6/3  
 (Date recd by registrar)

19

46

N. J. Neer  
 Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH.....

6-2-46

19

at

19

at

19

at

19

at

19

at

19

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 31

1946

to

6-2

19

46

46

46

46

and that I last saw him alive on

Immediate cause of death.....

No information

of digestive tract

## DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

## 23. SIGNATURE.....

Kurt Ledner M.D.

M. D. or other

Address.....

6/4  
 Date signed

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JUN 13 1946

BUREAU V F



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 291

06268

## 1. PLACE OF DEATH:

County Talbot  
 City or town St. Michaels.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 57 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town St. Michaels.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

John S. Evans

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widower  
 6. (b) Name of husband or wife Elizabeth Evans  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Dec 15 1885 1855  
 8. AGE: Years 90 Months 5 Days 30 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Salisbury, Maryland  
 (Town, county, and state)  
 10. Usual occupation Retired Foundryman  
 11. Industry or business

FATHER 12. Name William Evans  
 13. Birthplace Salisbury, Maryland  
 MOTHER 14. Maiden name Sally A. Gordy  
 15. Birthplace Salisbury, Maryland.

16. Informant Mrs. Florence Haddaway  
 Address St. Michaels, Maryland

17. Burial Burial Date thereof June 17, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or place of interment Olivet  
 Location St. Michaels, Md.

18. Funeral director Newnam & Harrison  
 Address St. Michaels, Maryland.

19. Date rec'd by registrar June 15 19 46 John H. Hunsake  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 14 June 19 46 at 0920 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23 April 19 46 to 14 June 19 46  
 and that I last saw him alive on 14 June 19 46  
 Immediate cause of death Dehydration  
and intestinal  
obstructive  
 Due to Causes of Prostate  
with Carcinomatosis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

## DURATION

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Dr. Herbert Morrison M.D.  
 Address St. Michaels, Md. Date signed 14 June '46  
 M. D. or other

RECEIVED  
JUL 3 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH

County CalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:  
327 South Lane

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. 327 South Lane  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Theodore P. Gibson

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Infant

## 6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1945

## 8. AGE:

Years

Months

Days

If less than one day

136

hrs.

min.

## 9. Birthplace

Easton, Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

FATHER

## 12. Name

Theodore P. Robinson

## 13. Birthplace

Virginia

MOTHER

## 14. Maiden name

Wilda M. Gibson

## 15. Birthplace

Easton, Md.

## 16. Informant

Wilda M. Gibson

## Address

327 South Lane - Easton, Md.

## 17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

June 4, 1946  
(month) (day) (year)

## Cemetery or crematory

Richards

## Location

Easton, Md.

## 18. Funeral director

J. Ellis Clark

## Address

Easton, Md.

## 19.

6/4  
(Date rec'd by registrar)

19

46H. H. Harris  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 46, at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 22 19 46, to June 2 19 46and that I last saw him alive on June 2 19 46

Immediate cause of death

Whooping cough

## DURATION

12 days

Due to

Due to

Other conditions

Measles5 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hayward T. M. M.D.  
M. D. or otherAddress Easton, Md. Date signed 6/3/46

RECEIVED  
JUN 6 1946  
BUREAU V.E.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

## CERTIFICATE OF DEATH

S. W. Martin Buell

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 yrs

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Henrietta Golt

## 3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

March 23-1870

8. AGE:

76

Years

Months

2

Days

20

If less than one day

hrs.min.

9. Birthplace

Talbot Co. Maryland  
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business \_\_\_\_\_

FATHER

12. Name

George Messick

13. Birthplace

Caroline Co. Md.

MOTHER

14. Maiden name

Mary E. Cahill

15. Birthplace

Edinburg, Md.

16. Informant

Elmer Golt

Address

Easton, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 14-46  
(month) (day) (year)

Cemetery or crematory

Spring Hill Cemetery

Location

Easton, Md.

18. Funeral director

John D. Sullivan

Address

Pastor, Md.

19.

(Date rec'd by registrar)

19 46N. D. Neuman  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 19 46 at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 1945 to June 12 1946and that I last saw him alive on June 12 1946

Immediate cause of death

Cardiac Decompensation

DURATION

1 mo

Due to

Chronic Hypertension

Due to

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

William F. Buell, M.D.  
17 fold borough  
Address Easton, Md. Date signed June 13, 46

RECEIVED

JUN 18 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-M

## CERTIFICATE OF DEATH

★ 06271 290  
Reg. Dist. No.

### 1. PLACE OF DEATH:

County Talbot  
City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 14 hrs. 5 min.  
Hospital, institution, or street address where death occurred:  
The Memorial Hospital.  
How long in hospital or institution? 14 hrs. 5 min.

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Caroline  
City or town Preston  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war \_\_\_\_\_ ✓

### 3. (a) FULL NAME

Baby Boy Griep

### 3. (b) Social Security Number

4. Sex m 5. Color or race W 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) 6/15/46 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 14 hrs. 5 min.

9. Birthplace Easton Talbot Maryland  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Henry Griep

13. Birthplace Lodi, N.J.

14. Maiden name Hennietta Piekma.

15. Birthplace Patterson N.J.

16. Informant Mrs. Hennietta P. Griep

Address Preston Md

17. Burial Date thereof 6/16/46  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Preston Md

Location Preston Md

18. Funeral director John L. Williams (W)

Address Easton Md

19. 6/15 19 46 M. H. Nerius  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15/46 19 \_\_\_\_\_ at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 19 46 to June 15 19 46

and that I last saw him alive on June 15 19 46

Immediate cause of death Anemia

DURATION  
14 hrs.

Due to Congenital Cystic Lung Congenital

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results Congenital Cystic Lung Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John L. Williams M. D. or other

Address Preston Md Date signed 6/17/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
JUL 1 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06272

Reg. Diat. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 23 days

Hospital, institution, or street address where death occurred:

The Memorial HospitalHow long in hospital or institution? 23 days

## 3. (a) FULL NAME

Mr. Stephen Halland4. Sex M5. Color or race W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 3, 1858

8. AGE: Years Months Days If less than one day

88(?) hrs. min.9. Birthplace St. Michaels  
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name John H. Halland13. Birthplace St. Michaels Md14. Maiden name Sarah Gault15. Birthplace St. Michaels Md16. Informant Clarence HallandAddress 1717 R St. N.W. Washington DC17. Burial Date thereof June 29, 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematorium Olivet CemeteryLocation St. Michaels Md.18. Funeral director Newnam & HarrisonAddress St. Michaels Md.19. 6/27 19 46 N.H. Myers

(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town St. Michaels Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26/46 19 46 at 6:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 19 46, to 6-26 19 46and that I last saw him alive on 6-26 19 46

Immediate cause of death

arteriosclerosis, generalized  
Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertrophied Prostate

(Include pregnancy within 3 months of death)

Major findings of operations Suprapubic cystostomy

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. C. G. M. D.Address Easton MdDate signed 6-27-46

RECEIVED  
JUL 3 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore MD

## CERTIFICATE OF DEATH

06273

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TackettCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 55 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Sarah Watson Lee4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced M.6. (b) Name of husband or wife Charles Lee7. Birth date of deceased (mo., day, yr.) Jan 16, 1878 6. (c) If alive, give age 67 years8. AGE: Years 68 Months 4 Days 20 If less than one day hrs. min.9. Birthplace Tackett Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Edward J. Moore13. Birthplace Md.14. Maiden name Emma Andrews15. Birthplace Md.16. Informant Charles LeeAddress Easton Md.17. Burial Date thereof June 8, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Isling HillLocation Easton Md.18. Funeral director Wm. LuckAddress Easton Md.19. 6/7 19 46 W. H. Neenan

(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TackettCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No.   
(If rural, give LOCATION)2. (a) If veteran, name war 

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1946 at 3:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938 to June 1946and that I last saw her alive on June 1946Immediate cause of death Valvular heart disease 6 mo.Due to arterio sclerosis 6 yrs.Other conditions 

(Include pregnancy within 3 months of death)

Major findings of operations Autopsy results 

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of 

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury  Injured at work? 23. SIGNATURE William S. SeymourAddress Easton Md. Date signed 6/7/46

RECEIVED  
JUN 13 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

★ 06274 290  
Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Talbot  
City or town Easton Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? ..  
Hospital, institution, or street address where death occurred:  
Memorial Hospital  
How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Del County Cecil  
City or town Ridgely Del.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ....  
(If rural, give LOCATION)  
2.(a) If veteran, name war. .... ✓

## 3. (a) FULL NAME

Mrs. Mamie Pollard

## 3. (b) Social Security Number

4. Sex 7 5. Color or race W 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife John Pollard  
6.(c) If alive, give age 65 years  
7. Birth date of deceased (mo., day, yr.) about 1885  
8. AGE: Years 61 Months Days If less than one day  
..... hrs. .... min.

9. Birthplace Md.  
(Town, county, and state)

10. Usual occupation at home

## 11. Industry or business

FATHER 12. Name William Murphy  
13. Birthplace West Coast  
MOTHER 14. Maiden name Martha Andrews  
15. Birthplace Marland

16. Informant John Pollard, Husband  
Address Ridgely Del

17. Buried Date thereof 6/10/46  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Ridgely Cemetery  
Location Ridgely Del

18. Funeral director J. Edgar Mason & Son  
Address 11 Denton, Del.

19. 6/8 46 N.H. Neerer  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8-46 19... at 6<sup>15</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 19... 46 to June 8 19... 46  
and that I last saw him alive on June 8 19... 46

Immediate cause of death Uremia

DURATION

Due to Cardiorenal

Due to Chronic Nephritis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. V. Palmer M.D.

Address Easton, Maryland Date signed 6/15/46

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JUN 18 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 242

## CERTIFICATE OF DEATH

16275

Reg. Dist. No. 290

1. PLACE OF DEATH: *Tallot*  
County.....  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? *28 hours*  
Hospital, institution, or street address where death occurred:  
*The Memorial Hospital*  
How long in hospital or institution? *28 hours*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State *Maryland* County *Tallot*  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2. (a) If veteran, name war.....

3. (a) FULL NAME *Mr. Van Bensch Schuyler*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced  
6. (b) Name of husband or wife *Ruth Hunt Schuyler*  
6. (c) If alive, give age *25* years  
7. Birth date of deceased (mo., day, yr.) *April 9, 1905*  
8. AGE: Years *41* Months *1* Days *17* If less than one day  
hrs. min.

8. Birthplace *Plainfield, N. J.*  
(Town, county, and state)  
10. Usual occupation *Salesman*  
11. Industry or business  
12. Name *Shirley S. Schuyler*  
13. Birthplace *Belleme, N. J.*  
14. Maiden name *Leone A. Speed*  
15. Birthplace *Cranford, N. J.*

16. Informant *John Maxian S. Ingleson*  
Address *Easton Md*  
17. *Burial* Date thereof *6/18/46*  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory *Spring Hill*  
Location *Easton Md.*  
18. Funeral director *Wm. H. H. H. H.*  
Address *Easton Md.*

19. *6/16* 19 *46* *N. H. Neurin*  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *6/15/46* 19... at *3:25 A.M.*  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
*6-13-* 19 *46* to *6-15-* 19 *46*  
and that I last saw him alive on *6-14-* 19 *46*

Immediate cause of death *Heart embolus, Stomach*  
DURATION *1 day*

Due to *Curban of Liver*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Wm. H. H. H.* M. D. or other

Address *Easton Md.* Date signed *6-15-46*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUL 1 1945  
BUREAU 6



Reg. Dist. No. 290.....

Address Easton Date signed \_\_\_\_\_

VS A15

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 18 1946

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

## CERTIFICATE OF DEATH

Reg. Dist. No. 06277290 257

### 1. PLACE OF DEATH:

County Green Anne Talbot

City or town Exton Hospital

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Green Anne

City or town Grassonsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Richard Watson

### 3. (b) Social Security Number

212-12-343

4. Sex Male

5. Color or race col.

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Don't know

7. Birth date of deceased (mo., day, yr.) Dec. 25-1909

8.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 36 Months 5 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace North Carolina

(Town, county, and state)

10. Usual occupation Oyster Shucker

### 11. Industry or business

12. Name Don't know

13. Birthplace Don't know

14. Maiden name Don't know

15. Birthplace Don't know

16. Informant Benjamin Washington

Address Grassonsville MD

17. Burial Date thereof June 6 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenville Care

Location Greenville D.C.

18. Funeral director Edgar L. Lane

Address Church Hill Md

19. June 13 19 46 Edgar L. Lane

(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 19 46 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION

Shot with pistol-bullet  
punctured femoral artery  
Due to and he bled to death

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 6/1-46

Where did injury occur? Narrower 24 MD

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury Shot by pistol Injured at work? \_\_\_\_\_

23. SIGNATURE W. Henry Fisher

Deputy Coroner Philip A. C. or other

Address Grassonsville Md Date signed 6/3-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

RECEIVED

RECEIVED  
JUN 8 1946  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 41

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

### 1. PLACE OF DEATH:

County Talbot County

City or town Edston  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital Edston.

How long in hospital or institution? 2 days & 30 min.

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Sancti Spiritus

City or town Edston  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 910  
(If rural, give LOCATION)

2.(a) If veteran, name war ☒

### 3. (a) FULL NAME

Mrs. Rebecca E. Whitham

### 3. (b) Social Security Number

4. Sex F 5. Color or race W. 6.(a) Single, married, widowed, or divorced married -

6.(b) Name of husband or wife Jay M. Whitham

7. Birth date of deceased (mo., day, yr.) June 27, 1926 6.(c) If alive, give age 88 years

8. AGE: Years 84 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name Julius M. Drachman

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Jane

15. Birthplace Edston

16. Informant Dr. Jay D. Whitham

Address 1111 York City Rd

17. (Burial, cremation, or removal. Which?) Burial Date thereof 7/1/46  
(month) (day) (year)

Cemetery or crematory Annapolis

Location Annapolis Md

18. Funeral director LeCompte Funeral Service

Address Cambridge Md

19. 6/30/46 N.H. Neuner  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30/46 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 to June 30

and that I last saw him alive on June 30

Immediate cause of death Cardiac failure

venous DURATION 1 hr

Due to Myocardial infarction

Due to diarrhea

Other conditions Diabetic mellitus

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE Thompson Harrison M.D.

M. D. or other None

Address Spartan, Md. Date signed 6/30/46

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUL 5 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

6279

## CERTIFICATE OF DEATH

Reg. Dist. No. 296

## 1. PLACE OF DEATH:

County Talbot  
 City or town St Michaels  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 days 5 hrs. 45 min.  
 Hospital, institution, or street address where death occurred:  
The Memorial Hospital  
 How long in hospital or institution? 5 days 5 hrs. 45 min.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Talbot  
 City or town St. Michaels  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mr. Lester Willey

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Ida F. Leonard Willey6. (c) If alive, give age 76 years7. Birth date of deceased (mo., day, yr.) March 28, 1883

8. AGE: Years Months Days If less than one day

63

hrs. min.

9. Birthplace St. Michaels Md.

(Town, county, and state)

10. Usual occupation Widow

11. Industry or business

12. Name Charles W. Willey13. Birthplace St. Michaels Md.14. Maiden name Sarah Harrison15. Birthplace St. Michaels Md.16. Informant Mrs. Lester WilleyAddress St. Michaels Md.17. Burial Date thereof June 8, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Christ CemeteryLocation St. Michaels. Md.18. Funeral director Newman & SonAddress St. Michaels. Md.19. 6/6 19 46 N.H. Neer

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 19 46 at 9:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 pm 19 46 to 6 pm 19 46

and that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death Myocardia

DURATION

Due to heart failureDue to arteriosclerosisOther conditions Coronary artery disease

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Thomas Harrison

M. D. or other

Address Easton Date signed 12 June 46



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JUN 18 1946  
BUREAU V.S.